PART B - FEE(S) TRANSMITTAL								
Complete and send	this form, together w	ith applicable			Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents		
NSTRUCTIONS: This to appropriate All further coindicated unless corrected maintenance fee notification	In should be used for transpondence including the below or directed otherwisens.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and I rders and notif a) specifying a	PUBLIC fication a new o	OATION FEE (if required of maintenance fees worrespondence address)	ired). Blocks I through 5 s vill be mailed to the current and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for	any change of address)			Fee(s) Transmittal. The	mailing can only be used for is certificate cannot be used to a paper, such as an assignment of mailing or transmission.	for any other accompanying	
STORAGE TECH ONE STORAGE T LOUISVILLE, CO			Cer I hereby certify that th States Postal Service v addressed to the Mai transmitted to the USP	tificate of Mailing or Trans is Fee(s) Transmittal is bein vith sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the c	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.			
09/07/2006 WARDELR3 00	000031 194545 107168	195			Stephanie k	(lepp	(Depositor's name)	
	00 DA				Houm	C MBC	(Signature)	
	00 DA				1 U 2 AU	gust 2006	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN	NTOR ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/716,895	11/18/2003 RANSDUCER POSITIONE	NG DEVICE	Jeffrey G.	. Villiar	d	2003-061-TAX (STK 03061 P	7078	
	RANSDOCER POSITION!	NG DEVICE						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
4 nonprovisional	NO	\$1400)		\$0	\$1400	09/07/2006	
EXAMINER A		ART UN	JNIT CLASS-SUBCLASS		LASS-SUBCLASS			
HEINZ,	ALLEN J	2627			360-261100	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute f	ear on t for filin	he patent. If an assign g an assignment.	ee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Storage Technology Corporation Louisville, Colorado								
Elease check the appropriate assignee category or categories (will not be printed on the patent):								
a. The following fee(s) are Issue Fee	enclosed:	41:	D. Payment of I	٠,	nount of the foo(s) is on	alogad		
			☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies5 The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number19-4545 (enclose an extra copy of this form)						dit any overpayment, to ra copy of this form).		
a. Applicant claims Si	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.				LL ENTITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu sublication Fee (if required) words of the United States Pate	ie Fee and Publica vill not be accepted ent and Trademark	tion Fee (if any d from anyone Office.	y) or to other th	re-apply any previous! nan the applicant; a regi	y paid issue fee to the applica stered attorney or agent; or the	ation identified above. the assignee or other party in	
Authorized Signature	15				Date	31 July 2006		
Typed or printed name	Timothy R. S	Schulte			Registration N	70. 29 , 013	· · · · · · · · · · · · · · · · · · ·	
This collection of information	on is required by 37 CFR 1.3	11. The information	n is required to	o obtair	or retain a benefit by t	he public which is to file (and	d by the USPTO to process)	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

÷.

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

a sealed envelo	that this paper, including all enclosures referred to spe addressed to: Mail Stop Issue Fee, Commission The work 2011	nerein, is bei iner for Pater	its, P.Ø. Box 1450,	Alexandria, VA 22313-1450, on:			
PE 40	Date of Deposit		Printed Name: St	tephanie Klepp			
OB SOUR B	IN THE UNITED STATES PA	TENT A	ND TRADEM	ARK OFFICE			
APPLICANT	S: JEFFREY G. VILLIARD, ET AL.)	EXAMINER:	A.J. Heinz			
EN SERVE NO.	: 10/716,895)	ART UNIT:	2627			
FILED:	November 18, 2003)	DATE OF NOTICE OF ALLOWANCE: June 7, 2006				
FOR:	TRANSDUCER POSITIONING DEVI	CE					
	ISSUE FEE	ETRANS	MITTAL				
Commission P.O. Box 14	PISSUE FEE ner for Patents 450 VA 22313-1450						
Dear Sir:							
. Transmitted	d herewith are the following documen	ts related	to the above-i	dentified application:			
[X] Acl	knowledgment of Receipt Card	[X]	Formal drav	vings submitted to PTO			
[X] Iss	ue Fee Transmittal Form						
	Please charge Deposit Account No. 19-4545 in the amount of \$1,415.00 (\$1,400.00 for Issue Fee and \$15.00 for Advance Order Fee).						
the ([X] We believe no additional fees are required. If, however, additional fees are, indeed, required, the Commissioner is hereby authorized to charge any additional fees which may be required o credit any overpayment to Deposit Account No. 19-4545.						
[X] Two	additional copies of this sheet are er	nclosed.					
Dated:	August 2006		Respectfully s	ubmitted,			
•			STORAGE TE	ECHNOLOGY CORPORATION			
			ву:	SIL			
•	eTek Drive, MS-4309		Timothy R Registrati	R. Schulte on No. 29,013			

Louisville, CO 80028-4309 Telephone: (303) 673-5989 Facsimile: (303) 673-4151